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DR. CONSTOCK ON SCARLET FEVER.

[Continued from page 186.]

CONTAGION.—It is difficult to prove, and unphilosophical to consider, a fever contagious, which originates spontaneously. For if it thus invades one, why not others? Foreign writers consider scarlatina catching, because, as they say, it generally goes through a family when one is seized with it, which is here very often remarkably not the fact. The present season I attended a family in which the mother and her seven children had it severely. This lady observed to me that her neighbors, with the exception of one family, to the amount, as she thought, of sixty persons, visited her house, many of whom watched; and yet that she did not know the instance of a single person of them who had it, whilst, singular to be sure, it broke out in the only family who, not one of them, had been into her dwelling! Clothes and even flies have been pressed into the service of the contagionists. But there was not even any imputed source to be here pointed out, it having commenced, in the first family to which I have alluded, in the month of January, when flies did not fly. Some persons, and some whole families, with their relations, are constitutionally predisposed to certain diseases; and no disorder points to this predisposition more strikingly than canker rash. Hence all the children of a family may have it, whilst servants escape. Black-eyed children were supposed, by Dr. Fothergill,* to be apt to be the greatest sufferers. But in this, as in other respects, there is no uniformity.

It is worthy of a passing notice, that during the reign of spotted fever, which prevailed from 1806 to 1814, we heard very little of canker rash. Dr. North, who wrote a valuable treatise on the former, mentions *sore throat* as one of its pathognomonic symptoms. Resemblances, however, are not identities. From my own experience, in both diseases, I cannot regard them as the same, although I have heard such an assertion made. In 1810 I had a great number of cases of spotted fever, and a few of scarlatina. The fever in both was typhoid, but the symptoms different. Sore throat was so slight, in spotted fever, as seldom or never to be complained of. But when inquired after, the patient answered in the affirmative. Dr. Fiske, of Worcester, traced out many points of resemblance between *scarlatina anginosa* and *spotted fever*.* His ob-

* See Dr. North on Spotted Fever, Chap. XVII.

thority is against the contagiousness of either; also that bleeding and cathartics are injurious, and emetics and stimulants useful in both. He does not incline, however, to make the two maladies identical—as, in further speaking of spotted fever, he says, “While children are the most liable to scarlatina, this gigantic foe passes the helpless infant, and encounters more hardy subjects with increasing ardor, from the vigor of youth to settled manhood.” Another writer, Dr. Bestor, speaks of the stupor and apoplectic state which children sometimes fall into in spotted fever. This we have noticed already as occurring in canker rash. Dr. Samuel Woodward, who also wrote on spotted fever, mentions that the “*great heat was of the thrilling, stinging kind.*” In this the two diseases again agree. He also mentions that the eyes were red and watery—that the body, in fatal cases, became spotted as an adder—and particularly notices an affection of the joints *like acute rheumatism*, which happened during recovery. With respect to treatment, he says, “*I likewise saw several who were brought into a low comatose state by a small bleeding, which cases entirely baffled the power of medicine, and proved fatal.*” But after the relief of extreme depression, and when the system began to rally, the inflammatory diathesis sometimes succeeded, so that Dr. Woodward, in the severe painful lameness of the joints, which occurred during convalescence, found bleeding and antiphlogistics requisite. Here we are reminded again, of inflammatory croup sometimes following typhoid scarlatina.

There is no season so fraught with exciting causes as to produce disease in every one, because a great majority are constitutionally, or from some peculiarity, fitted to resist them. But when predisposition exists and atmospheric causes excite, whole families breathing the same air, partaking of the same food and drinks, and dwelling in the same house, may, from the same spontaneous causes, have the same disease, unless, indeed, there is, as often happens, a difference of constitution in the same stock, so that some are predisposed and others not. Thus, in November last, in a family in another county, to which I was called, the father and a number of children had canker rash, whilst the mother and one child escaped. This was the more worthy of remark, for the reason that the mother took the care of her husband and children, and all occupied one room. At least I so found them at each of my visits, which amounted to six or seven. We have known, on another occasion, a family of children and the father to have it, and the mother to escape. And again, we have known a family of seven sisters, and one of them to have it severely, and six of them, with the father and mother, to remain unaffected. All these persons inhabited a house consisting of one room, and one fire place only, on the ground floor, and could not be separated. Now that contagion should fly about in the air, and be carried from house to house by flies, and in the clothes of those who had visited the sick, and yet not be communicated to those who were in the habit of visiting this poor family, nor even to the inmates themselves, is to me quite unaccountable upon any principle or analogy of contagion. We may suppose, that should those seven sisters marry and have children, the children of the one who had it might be hereditarily

predisposed to the atmospheric causes which spontaneously give rise to it, and that all the children of the other six sisters might escape. Hence the strange attacks and exemptions of this most enigmatical disease. I know that it sometimes exhibits some traits pointing to a contagious origin. But they are so few, compared with the multiplicity of opposite facts, that we must resort to the illogical mode of arguing, that is, of making the *minor* weigh down the *major*, in order to maintain the ground. Every one, conversant with it, has observed how frequently it leaves affected districts, and, passing by all those who have visited sick houses, seizes others who never have visited or even passed by them. The attempted proofs adduced by Dr. Charles A. Lee, of New York, of its contagious origin, at first strike the reader with some force.* The first is, that of a grandmother who watched with and held a grandchild in her arms, which died with it. The old lady, aged 60 or upwards, returned home after the child's death, and had it herself. But here is a link missing in the chain; for we are not told that she communicated it to any person in her own house, or to any one of her attendants or watchers. Besides, she sickened the third day after holding the child, a space too short for contagion to operate. The second instance is that of three children who were sent to three different places, after a little girl in the family had been seized with it, and all three of them sickened in about a week themselves. But here again is a deficiency in making out a clear case—we not being told that either of them communicated it to a single individual of either of the families into which they were sent. And as to their having it themselves, why should they not, when they had been exposed to the same local causes which produced it in the first child, and all of the same parents? When there is conflicting and contrary evidence, we must determine by the weight and by the number of facts. The instances of exemption so immensely outnumber those of even supposed contagion, that no want of proof is lacking to make the matter clear. I think that I speak within bounds when I say that within the last six months more than one hundred persons have visited the families which I have attended, not one of whom has had it.

In the *treatment* of canker rash we must keep our eye firmly fixed upon those morbid tendencies which produce *death*. These are—1, Mortification or a tendency to putrescency; 2, Congestion of the brain, denoted by coma and stupor; and 3, The injury done by canker, such as erosion, extensive sloughing, hemorrhage, and wasting serous and purulent discharges. These may be internal, external, or both. Decisive signs of putrefaction, or a strong tendency towards it, mark those cases which prove most suddenly and numerous fatal. We have been informed that the late Dr. Easton, of Newport, R. I., kept this outlet of life so much in view, that he began by giving Peruvian bark, repeated it, and relied wholly upon its antiseptic powers—and that he never lost a patient! We have some reason to think, however, from our own experience, that scarlatina, like spotted fever, does not visit marine situations with such a high heat, and such a malignant train of symptoms, as it does the interior country—a heat too high to give bark internally, at

* See Boston Medical and Surgical Journal, Vol. XII., p. 374.

first. Immediate resort to the external application of bark to the abdomen and throat, there can be no possible objection to. The mode may be that of stupes wrung out of a strong decoction of it, or in the form of a poultice mixed with yeast, porter, good lively beer, or a solution of chloride of lime. The *wild indigo*—baptisea—which is a powerful antiseptic, may be combined with the cinchona. For fitting the stomach to receive the bark, it must be cleansed by emetics. For fitting the general system to be benefited by it, the fever, if high, must be moderated. But as early a resort to it as it can possibly be borne, is safest for the patient. And in the form of a fermenting decoction, it will be borne earlier, sit easier, and be more effectual, than in any other mode whatever. Take cort. Peru. 3ij.; rad. serp. va., cort. aurant., rad. sanguinaria, aa 3ij.; catechu, 3i.; boiling water, three pints. Simmer to a quart; strain and add honey or molasses, and good lively yeast, aa 3iv. Shake the whole well together, and bottle whilst warm. In from six to eight hours it will be fit for use. Dose, from a half to a whole wine-glassfull every four hours.

Debility is not so much to be feared as putrescency. Therefore, if the drawing off of some venous blood, in a deteriorated state, can be useful in its prevention, this evacuation may be proper; especially as, by moderating the fever, the patient will be the sooner fitted to commence taking the bark. Before resorting to this doubtful evacuation, however, we ought to decide whether we have been called to the patient early enough for it to be of service, which in country practice is frequently not the case; and again, whether the existing fever is caused by inflammation, or whether solely by irritation, acrimony, or an erysipelatous diathesis. That it arises from one or other, or all three of the latter, in nine cases out of ten, we firmly believe. But even if inflammation be actually present, its character is so evanescent that bloodletting cannot be safely resorted to, except at the very commencement of the attack. Nor can it be frequently repeated. Here is one point in which its most strenuous advocates agree. Hence they themselves make us hesitate as to the propriety of unsheathing the lancet—for the reason that what is calculated to cure a disease will bear repetition; as bark in intermittents, mercury in syphilis, venesection in pleurisy, emetics in croup, steel in amenorrhœa, and a long catalogue of others which might be adduced. Add to this, that in all mortal epidemics nothing is more hurtful than terror and the depressing passions. Now there is nothing so horrible to children as the idea of being bled, insomuch that the sight of a physician creates terror if associated in the mind of the little patient with the lancet; so that when there is an indication for it, if not very urgent, we must consider whether it is not liable to do more hurt than good. Anodynes and hope are the best remedies when mortal sickness prevails, and fear and anxiety the worst.

Children know more than they express, or than people generally imagine. A lady whose little daughter, aged five years, was laboring under it lately, in its dangerous form, told me that her child, of its own accord, spoke about being buried up in the ground.

Every age and every country bear their testimony in favor of cordials.

Why bloodletting should be resorted to on account of *venous congestion*, in children, which exists only in adults and the aged, is a mystery which those who have advanced it have not explained. In one treatise we are told that the patient must be bled to *fainting*; and in the same, that "fainting increases the congestion of the large vessels, and consequently increases the danger of the disease." If in any case we are tempted to bleed from difficult respiration, let us first consider whether it may not proceed from the debility being so great that inspiration cannot be easily performed, rather than from infarction of the lungs.

Every remedy which can counteract the tendency to putrescency must be used. Calomel is one of these. By its stimulating every fibre, exciting every gland, and producing a counteraction opposed to putrescency, in every viscus, its effects become antiseptic.

Gentle emetics and cathartics are borne, and well borne, so long as they evacuate morbid matters from the stomach and bowels. I have never known the latter to produce debility whilst the evacuations continued black. But when they change from a black or bottle-green hue to a lighter shade, they must be discontinued, and the bowels and system quieted with an anodyne.

If a salivation can be effected, the patient is safe. But in children this cannot often be achieved. It did, however, occur in one of my little patients the present season, and probably saved its life. When a sufficient quantity of bark can be taken to prove purgative, it is by all means the safest cathartic. But if we are obliged to resort to calomel, or senna, or sulphur, or cream of tartar, let each one of them be combined with cinchona.

The views of Broussais never will be confirmed by anatomists, nor his practice by a majority of practising physicians. Already has M. Andral published to the world the innumerable fatal consequences which resulted, in his own practice, from his complying with the urgent wishes of students, and bleeding in typhoid fever. This was when Broussais was the leading man in the schools of Paris. Most of those unhappy young, as we are told, sank and died. M. Andral is equally decided against bleeding in erysipelas—those thus treated having *gradually sunk and died*. We believe it equally hazardous when used largely, or repeatedly, in scarlatina and its congeries. But if it is determined on, the temporal artery should by all means be preferred to any vein. The reasons are—1, That the punctured vein sometimes suppurates and cannot be made to heal. 2, That the temporal artery has a direct and intimate communication with the artery of the tonsils, parotids, the jaws, the face, the ear, the muscles of the tympanum, and inosculates with the ophthalmic artery. 3, As it is a branch of the carotid artery, blood drawn from it is best calculated to relieve congestion of the brain, which causes coma, stupor and febrile apoplexy. Indeed, it may be considered in the light of local bloodletting from all the parts most intimately affected.

But, as a general rule, copious and repeated venous bloodletting ought to be viewed with suspicion in all diseases of the throat whatever. The blood, in such cases, will continue to exhibit the inflammatory crust until the patient is sunk past recovery. I have long viewed General Wash-

ington as having fallen a martyr to this practice. We have known the blood drawn from the arm exhibit the full buffy appearance in scarlatina, and yet the person from whom it was drawn be dead in less than twelve hours, with the most decided marks of extensive mortification on the dead body. That the innumerable number of victims mentioned by M. Andral, is daily added to by following the doctrines of the visionary pathological anatomist, Broussais, we have no doubt.* And that he mistook the engorgement of tissues and mucous membranes, occasioned by the weakness of their fibres, in some instances, and from the dissolved and semi-putrid state of the blood in others, for the marks of active inflammation, we are so fully convinced as not to have the least doubt.

But that arteriotomy has occasionally saved a life in the comatose state of scarlet fever, we admit. A judicious physician, Dr. Skinner, of Willington, lately gave me a striking instance to this effect. His little patient appeared to be completely apoplectic, and with no signs of existence except breathing; all voluntary motion, even to the moving of its hands, was at an end. In this situation it was seen by himself and another physician, one of the most eminent in the State, who thought it must inevitably die. As deglutition was suspended, nothing was done, and it was left by its physicians. Dr. S., however, called again not long afterwards, and finding it still alive, opened one temporal artery, and whilst the blood was flowing, though but very slowly, the little creature moved the arm of that side. This encouraged him to open the artery in the other temple, as the first had nearly ceased to bleed. This bled more freely. The child moved its other arm, to which general voluntary motion succeeded. The patient was saved, recovered, and is now, the doctor thinks, one of the finest little misses to be seen in any school in the State.

When the brain is affected, the cold dash should be confined to the head; for if applied to the skin generally, there is danger of increasing the congestion on the brain by revulsion. If the skin at the same time be hot, tepid sponging, with spirits which evaporate quickly, may be proper to the trunk and limbs. As to the kind of liquid generally used, as we should never lose sight of the putrid nature of the disease, a strong decoction of bark and wild indigo, or a solution of chloride of lime, is to be preferred for their antiseptic qualities. When there is no affection of the brain, they must be applied cold by sponging. An emetic will sometimes cure incipient stupor and coma, if administered early. Of this I had a very recent proof in a child six miles distant, to whom I was called in the night.

When there is torpor of the liver and diminished secretion of bile, take nitric acid one part, muriatic acid two parts, dilute them to the acidity of strong vinegar, with which the hepatic region may be kept constantly moistened. The nitro-muriatic acid thus diluted, sweetened with honey, furnishes one of the very best of all gargles. If there is any exception, it is that of the fermenting decoction of bark, bloodroot, &c., before mentioned. They may be used alternately.

We have already noticed, that in affections of the brain, cold ablution,

* See Boston Medical and Surgical Journal, Vol. XVII., p. 143.

or sponging the trunk and limbs, is improper. There is one other state of the system in which it is by no means to be used. It is when the patient perspires freely, or sweats. And there is yet a third. It is when the eruption recedes; in which state external warmth, by means of a blanket wrung out of warm water, with Dover's powders internally, and warm sage tea freely drank, are our best remedies. But to keep on good terms with the good women, we must not prohibit a tea made of saffron, this being a popular and not improper remedy in cases of the kind. Indeed, to the case of *convulsions* in infants, from retrocession or non-appearance of the eruption, its slight antispasmodic and cardiac qualities are well adapted. But when convulsions occur without any evident cause, teething or worms are to be suspected, and remedial measures pursued accordingly. As a general remedy, one grain of the powdered leaves of belladonna may be mixed with sixteen grains of powdered liquorice, and divided into eight equal parts, of which one is a dose for an infant in convulsions.

Belladonna has acquired considerable reputation in Germany as a preventive of scarlatina, in the Hahnemann doses—one grain being divided into 771 parts, after being mixed with extract of liquorice, and this is the dose for an adult, night and morning, to prevent scarlet fever! Surely the quantity need not be varied for the youngest infant, unless by increasing it. The theory of Hahnemann, which led to its first introduction, was the most rational, however, of anything that we have ever heard of the man. It was that, as the symptoms of an over-dose of belladonna, upon the nervous system, strongly resembled those of scarlatina, the latter might be superseded by the former. Just as vaccination supersedes smallpox. Whilst two poisons wrestle, we may live, said Ben Johnson. Sulphur may be taken as a more probable prophylactic.

For those little eroding ulcers, called canker-sores, a mixture of two grains of finely powdered nitrate of silver, with an ounce of honey, has been used. A small bolus of this, of the size of a pea, may be put upon the tongue of small children. Other appropriate remedies—catechu, borax, alum and quinine—may thus be administered when scarce anything else can be gotten down. It is, indeed, very often extremely difficult, and sometimes utterly impossible, to get medicine down our little patients in this complaint.

For fistulous ulcers, a solution of two grains of nitrate of silver, in an ounce of water, used as an injection, is one of the best, if not the very best, of remedies. We have lately prescribed it with success for a child, both of whose ears discharged purulent matter, after all other signs of the disease had disappeared.

(To be continued.)

EFFECTS OF TOBACCO ON THE VOICE OF PUBLIC SPEAKERS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I received, this day, your valuable Journal, and noticed the communication upon the subject which forms the caption to this article; and

not aspiring to be, as has been elsewhere said, the "apologist for the filthiest of all fashionable vices," must be permitted to enter a partial disclaimer to some of the sentiments advanced.

My "opinions" may "have been given upon few data, and without the reflection which is desirable for those whose views on this subject may have an extensive influence upon the habits of mankind;" but should the suggestions offered lead to just and profitable results, however their tendency, the ends of the writer will have been happily accomplished.

Little did I dream, my dear sir, when conversing with you incidentally at my office, on the subject of the throat affection of clergymen, and the use of the "noxious weed," that I was to be arraigned at the bar of public opinion for my remarks; but as the object was then, and is now, simply to elicit truth, I do not hesitate to "take the responsibility," and entrench myself behind such facts as are at hand, however imperfect may seem the catalogue, hoping that others will present theirs of an opposite character, that the legitimate inferences and deductions therefrom may be secured. For mere theory and cant I care not a straw, and therefore offer no reply to suggestions drawn from such sources; and I am happy that a gentleman has noticed your article so truly competent to discuss its merits or demerits upon facts, and facts alone.

As to what would, or would not, have been, had circumstances been thus, or so—whether we should have lived to the good old age of Methuselah upon a diet exclusively vegetable, or died, as we now do, at the very limited period of three or four score and ten, upon the mixed yankee diet of vegetable and animal food; or, what would be the probable consequences of rigid abstinence in all things from the commencement of time, or of habits such as our community now presents, I will not pretend to discuss, but shall be satisfied to examine things as they at present really exist, and discuss them solely upon their intrinsic merits, or, if you please, demerits. That errors have prevailed, and do still prevail, it is not doubted, both in our eating and drinking, and the "wherewithal that we are clothed;" but that our health statistics and bills of mortality exhibit so marked and favorable a character, as might have been anticipated from the—I had almost said diarrhoea of matter which has been dispersed broad-cast, as it were, over the community by our modern book-making and lecturing hygienists, *et id omne genus*, I doubt exceedingly. There is evidently a fault somewhere, which can only be detected and developed by attending rigidly to facts as they present, eschewing altogether speculative theory, unless based upon something more substantial and tangible than moonshine, mere moonshine.

What, then, are the prominent circumstances upon which the original conversation with you was predicated? 1st, That the disease in question is comparatively of recent origin. 2d, That it occurs, or has been developed, only, or rather most frequently, among those who are either in fact or by common courtesy the most strictly temperate in all things. 3d, That its pathology is but little known or appreciated, and therefore demands a more rigid and severe investigation, albeit the effort may cause to be suspected for lack of consistency a valuable public journal

devoted to "the scientific preservation of health and cure of disease," or seem to conflict with the principles, or with our ultraists' Procrustean dogmas, of the prevailing reformation from indulgences hurtful or apparently unnecessary. Not that I would say or do ought to arrest the onward progress of a temperate temperance reform—believing, as I most sincerely do, that much, and it is hoped substantial good has been, and is being accomplished through its potent agency; but only endeavor to check the wholesale denunciation, *under all circumstances*, of peculiar articles, because, forsooth, they happen to belong to the same class, conventionally, with other known noxious agents. A fourth reason offered for my remarks, was, that the affection in question is not the result of occupation merely, or much, or loud, or long speaking, nor is it attributable to the noxious influences of a confined and vitiated atmosphere alone, judging from the well-known fact that the lawyer, *quo ad hoc* proverbially healthy, outtalks the divine immeasurably; frequently addressing a jury *en haut voix*, some three, six, and even eight hours consecutively (the clergyman rarely more than an hour at one time, and that at intervals, and with a low and measured intonation), and in the vitiated, rum-and-tobacco atmosphere of a low, ill-ventilated, crowded court room, and this not merely once, twice, or thrice a week, but daily, for weeks, aye months together, as not infrequently occurs with many of our popular advocates at the bar during protracted sittings of county and general courts.

But to recur to our first position, that the disease is of recent origin, and was therefore wholly unknown to, or unappreciated by the clergymen of olden time. True, the labors of the closet (clerical), then, were not infrequently, and I doubt not advantageously, connected, more or less, with that of the plough and the wood axe, and it cannot be denied were less severe than at present. But what, in other respects, were the then habits of the clergy? So far as tobacco is concerned—that is the present question—they almost to a man indulged in the use of "the weed," *ad libitum*; nor am I aware of the fact, notwithstanding their incessant professional exertions (their style of preaching being mostly of a hortatory character, very earnest and enthusiastic, and often accompanied for hours with a stentorian utterance), that their average early mortality, as a class, was greater than that in our own day and generation.

But to the facts. In this city, wherein I have been in constant professional practice for nearly a quarter of a century, and where, from the incessant changes of pastors (a habit, by the way, much to be deplored), the aggregate number has been not few, I have never known personally, or through my professional brethren, of a single case of the throat affection, so called, among those of "the order" who used tobacco habitually, either by chewing or smoking! but, on the other hand, of several cases among those unaccustomed to its use, or, if you please, abuse. Now whether this is the happy result of the tobacco, or its "tap-room concomitants and tendencies," as suggested by your correspondent, Dr. Woodward, I confess myself wholly unable to say. I will in justice add, however, that in the cases to which we have alluded,

so far as our observation extends, the habit has not formed the "stepping-stone to that use of spirituous liquor which leads to intemperance," nor have the individuals been found lingering about the "bar room and the grog shop;" all having even "been satisfied," as a beverage, with "drinks as insipid and tasteless as water," and also considered by the community in which they live as respectable, and in all respects excellent, nay, worthy members of society!

Of snuff, and its effects, alluded to by Dr. W., I conceive the altered voice to be purely mechanical, the reverberatory passages being actually blocked up by this vile species of vegetable plaster.

But permit me to recapitulate very briefly, for my remarks have already occupied more space than I had intended, a few of the circumstances which led to the suggestions hinted to you. Being in conversation, a year or two since, with two most eminent divines of the Harvard school, upon the subject in question, they (both semi-martyrs to the disease) were in turn suggesting the probable causes of the malady, such as close application, long and loud speaking with the head in the uplifted posture, confined, vitiated air, &c. &c., when I interrupted by saying, that there was evidently something wrong, or far from healthfulness, in the habits of the clergy of the present day; that the circumstances by them cited did not obtain as the exclusive causes of the disease, being amply refuted by the undeniable facts above alluded to in relation to the gentlemen of the bar and the clergy of olden time; that the frequent recent occurrence of the disease among them could only be accounted for by the *difference in the habits of living* between the two professions, and those of their own order who were even exempted from its influences—further, that I had never known an individual clergyman thus affected, who was in the habitual use of tobacco. I then inquired what had been their experience and observation in this respect, among their immediate friends; and although their professional acquaintance was extensive, neither could recollect a single case of the affection where the individual was addicted to the, if you will, "vile practice."

About a year since, being most happily present at a very interesting "Wednesday-evening Club meeting," in your city, with the celebrated Dr. Mussey, of tobacco-lecturing memory, this subject was again under discussion (and very naturally so, for, from the delicious fumes of the Vuelta Abajo which ever and anon greeted the olfactories, I judged that every member must, or ought to have been, to be eligible, a smoker), my remarks, as above, were there repeated, but were most promptly, though very courteously, met by Professor M. with the statement that the most inveterate case of the disease ever prescribed for by him, was in a gentleman, I think of Brunswick, largely addicted to the use of tobacco. The inquiry then was, what other cases of a similar character do you recollect? And my impression now is, that he did, or could, not name one in particular, but thought, as does your correspondent, that there were many such. Dr Mussey, to whom, as a ready writer, the medical public is much indebted, was very urgently requested, as he had already posted up the subject largely, and, as I conceive, very happily and justly thus far, to give the hint expressed a second thought,

and say something about it to the public ear. Having never heard from him, either directly or indirectly, which is exceedingly to be regretted, the subject being vital in its consequences, he will pardon me for supposing him to have yielded a tacit assent to the statement expressed, viz., that "the throat affection," strictly so called, and understood by the faculty, does not, as a general remark, develope itself in the habitually tobacco-using subject—that is, by chewing and smoking. To the use of snuff my observations have never been extended, the practice of "snuffing" being too apparently injurious from its general stupefying effects upon the system, and mechanical effects upon the voice, ever to be tolerated in a public speaker.

But granting that tobacco is a preventive, will it also act as a curative? Of this, I must confess I have doubts, and such (knowing the vile and captivating nature of the habit) as have ever precluded its prescription therefor in my practice. Indeed, I am fully convinced (as is, or ought to be, every medical man of experience) of its noxious tendencies in certain habits, and have many a time most advantageously proscribed its use, as I do invariably to the healthy man that of every species of narcotics or stimulants in general vogue.

Now, my dear sir, as I rejoice in having all mooted questions of importance rigidly tested, I am truly happy that this has been bruited; and if my notions are wrong, which, being a decided, though not ultra, temperance man in all things, I truly hope may so prove to be, no one will sooner yield than myself a hearty assent to the conviction; but if, through rigid investigation, it shall be found that the investing membranes of the vocal organs call for some peculiar stimulus to exalt their secretions, and give a more healthy tone to the function, and that tobacco is that agent, let us know the fact, maugre all expressions of "disgusting and vicious habit," "narcotic indulgences," "new era of knowledge," tendency to swell the number of inmates of the "tap room," &c. &c.

Your correspondent, after reading a homily in which I, nay all, fully coincide, "that thousands have found an untimely grave through the use of brandy, wine, and other narcotics, used to guard against sickness, &c.," attaches a universally like agency to the cigar, finding fault with a recommendation of tobacco as a preventive, notwithstanding the old adage that an ounce is worth a pound of cure, but admits that he "does not hesitate to prescribe it as a remedy in some forms of disease." Now I would as soon prevent as cure disease, especially such an one as this, an opprobrium medicorum, which annually numbers its scores of victims, thus depriving the community of their highest and most ennobling teachings, could it be effected by so morally harmless a remedy as tobacco.

Although, peradventure, I do, with the ultraist or the honestly sensitive, subject myself, through these remarks and confessions, to the imputation of

"Compounding for sins one is inclined to,
By damning those we have no mind to,"

still I am constrained to offer this "testimony" of my individual obser-

vations and experience, submitting with pleasure to whatever judgment their investigation in the premises may declare, respectfully subscribing myself,

Your servant, &c.

Providence, April 26, 1839.

J. MAURAN.

SARATOGA WATERS.—NO. IV.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Permit me to close my present contributions to your Journal with two or three topics relating to the *comparative advantages of Saratoga Springs*, as a place of resort for invalids.

And, 1st, *The condition of the atmosphere of this place.* It would be idle to attempt to prove to your readers that a "change of air," simply, is often and unequivocally a curative remedy. Very few can have failed to convince themselves, by their own observations, of this fact; and the profession generally, including authors, are now united in the acknowledged benefits resulting from change of atmosphere. Before my residence here, I had no suspicion of the difference between the atmosphere of the Connecticut River Valley, indeed of all places within 50 miles of the seaboard, and that of this town and vicinity. The change appeared so remarkable, that I early wrote to some medical friends in Hartford, through the columns of the Connecticut Courant, some hints of a popular nature as applicable to their patients. In that communication I stated, "that I have been told, by intelligent gentlemen here, particularly by those who reside in the more elevated parts of the village, that after many summers spent here, they have discovered no appearance of mould, either on their books, harnesses or boots. We who have lived in Hartford, and have had the care of libraries of leather-bound books, harnesses, &c., need not be reminded how many times in a season we are obliged to remove the mildew from these articles. That valley is as remarkable for a clayey soil and humid atmosphere, as the plains of Saratoga for an arid soil and dry air. The soil here being alluvial and sandy, the exhalations from the earth differ widely from those of our own locality. Add to the dry and bracing nature of this atmosphere the highly balsamic, or, rather, turpentine qualities with which it is impregnated by the numerous pines and other forest trees that have been wisely allowed to remain in and around this beautiful village, and you will perceive at once that these considerations are by no means to be overlooked by invalids who are projecting the means of gaining health abroad." I need not make the application of these facts while addressing medical men. There is one class of sufferers, however, who have, by common consent, been prohibited a residence here, for whom I beg leave to say a word. I mean patients who are threatened with *pulmonary consumption*.

I have thought, as I have been walking nearly a mile, in the early morning, for my potations at the fountain, and inhaling the rich fragrance from these groves, that this class cannot be apprised of the very salutary qualities of this atmosphere. Is it not an established fact that

consumptions are less prevalent on sandy pine plains than on primitive hills and mountains? If to the consideration of these atmospheric properties of Saratoga, we add the various accommodations for invalids, the amusements, the variety of equipages, the beautiful rides; and, moreover, the fact that all those with pulmonary diseases that are sympathetic and dependent on bilious and abdominal affections may both inhale the air, and, with the proper auxiliaries, partake of the waters, and be not only *not injured* but benefited, I think you will agree with me that there are many reasons why such individuals should not be debarred a summer residence at Saratoga.

Another topic to which I wish to call the attention of the faculty, is *the agreeable and delicious qualities of the fountains of Saratoga*. I have studied minutely various authors on the mineral waters of Europe and America, since my residence here; but I truly do not find in nature so admirable a combination for the chronic diseases of this country as is to be found in the various springs scattered along this valley. We need not tell our employers that a course of well-selected laxatives is of itself sufficient to remove a multitude of chronic complaints. This fact is universally known. What, then, should we not expect from daily, periodical evacuations by a medicine delicious, cool, exhilarating, full of agreeable and enlivening qualities, and containing a great amount of salts, antacids, lime, iron, and even iodine? I have no time to notice the chalybeate waters in the village, nor the sulphur springs in the vicinity, nor the multiplied conveniences for bathing.

Lastly, let the physician impress deeply on the mind of his patient, when leaving home for Saratoga, two injunctions; 1st, *A strict attention to diet and regimen*. Saratoga is proverbially a hungry place. A powerful appetite is produced by the waters. It is the interest of a boarding house to provide an inviting table. What, then, shall guard the craving stomach of the valetudinarian from nullifying all the expected benefits of his visit, unless it be the earnest admonition of the family physician before he leaves him? 2d, Let the physician state fully and honestly to his patients the *absolute necessity of a thorough and extended trial of the waters*. Experienced practitioners know very well that a complex medicine, which can, by internal and external exhibition, be made to operate as an alterative, deobstruent, antacid, aperient, diuretic and tonic, should not be abandoned on a slight trial. They know, too, what their patients cannot appreciate, the indispensable necessity of some extent of time in removing deep-seated and long-continued maladies. How preposterous, then, for invalids who have been under the influence of *established* disease for months or years, to hope they can eradicate and banish those diseased processes in one or two weeks! The physicians here, and keepers of boarding houses, know this full well: but how can they retain invalids whose own family physician has not urged to a patient and faithful trial of the remedy?

Respectfully, yours,

Saratoga Springs, April 20, 1839.

M. L. NORTH.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 8, 1839.

AMPUTATION AT THE SHOULDER-JOINT.

A MAN working in a steam bakery, at Roxbury, on Tuesday of last week, had his left arm drawn in between a fluted roller and the copper platform, which crushed the limb shockingly, quite above the elbow. Although the engine was of six-horse power, the machinery was completely stopped. Dr. Lewis, of this city, was called immediately, and amputated the arm at the shoulder-joint in a very adroit and expeditious manner—having first taken up the axillary artery. The loss of blood was comparatively trifling. This has been stated to be the first time amputation has been made at the shoulder-joint, in this neighborhood; but from the annexed letter of Dr. E. Warren to the editor, it will be perceived that this is not the case.

DEAR SIR,—May I be permitted, through the medium of your Journal, to correct a mistake that has appeared in one of the evening papers, in regard to the operation of amputation at the shoulder-joint. Our admiration of the improvements of modern surgery, and our self-congratulations at the superior advantages our medical men now obtain by the facility of visiting the schools of England, Scotland, and France, ought not to render us unjust to the merits of our predecessors. It evidently does not detract from the honor due to a skilful operator, that the operation has been performed before. The amputation of the arm at the shoulder-joint was successfully performed by my father, the late Dr. John Warren, as early as the year 1781, at the military hospital in this city, near where the Massachusetts General Hospital now stands. It is very possible that it has also been performed by others. But as the circumstances which would render it necessary are generally such as to involve the life of the patient, opportunities in which it may be practised with any chance of success, do not often occur.

Yours, etc.

Boston, May 3d, 1839.

EDWARD WARREN.

Dr. Ingalls on Scarlatina.—A second edition of a letter from William Ingalls, M.D., to his son, William Ingalls, Jr., M.D., on scarlatina, has been demanded by the public. Of this we are right glad—because it shows that the writings of one so experienced as the author are read with avidity. Besides, on the subject of scarlet fever, every line in this pamphlet comes from authority. If no mode is devised for limiting, or at least controlling, this growing scourge of the country, the hope of raising our children from infancy to adult age is almost hopeless.

By an examination of the books at the Health Office, it appears that 92 deaths occurred in Boston by scarlet fever, between January 1st and April 27—being one more than all the deaths by that fearful disease in Boston, in the year 1838. We still insist upon it that this melancholy mortality shows, beyond the power of contradiction, that it is not treated as it should be.

Albany Medical College.—Things are going on prosperously at this school. The students, much to their credit, have discovered that Dr.

Armsby is a first-rate teacher of anatomy, and have presented him a silver vase, as a testimony of personal regard. Very few possess the happy tact of Dr. Armsby in making anatomical demonstrations perfectly interesting.

The first annual commencement of the college was held on the 24th ult. and the degree of M.D. conferred on thirteen gentlemen. The following are the names, with the subjects of their inaugural dissertations:

Jared Bassett, Montpelier, Vt., *Mental and Corporeal Association*. Alfred Cook, Delphi, N. Y., *Bloodletting*. Henry Cartier, St. Antoine, L. C., *Sanguinaria Canadensis*. Gilbert H. Brownell, Northampton, N. Y., *Urinary Calculi*. Anderson S. Dean, Cambridge, N. Y., *Digestion*. Almond B. Edmonds, Edinburgh, N. Y., *Hydrocele*. Nahum P. Monroe, Belfast, Me., *Hydrothorax*. John V. Newman, Chatham, N. Y., *The Eye*. Marcus T. Peake, Andes, N. Y., *Hydrocephalus*. William H. Snyder, Jr., Sandlake, N. Y., *Inguinal Hernia*. Phineas H. Strong, Pawlet, Vt., *The Nervous System*. Rial Strickland, Somers, Conn., *Dysentery*. John Vought, Freehold, N. J., *Angina Pectoris*.

Maine Medical School.—It is with much pleasure we hear of the success of this school. Our townsman, Professor Roby, is said to be very popular with the medical class. He excels in *perspicuity and method*. With these two distinctions, and a very tenacious memory, there can be little doubt but he is destined to take a high rank among the anatomical lecturers of our country. Indeed Dr. Roby is now, it is said, one of the most popular lecturers they have ever had at the Maine Medical School.

Webster's Chemistry.—The new edition of this work contains many new and excellent things. The scientific public may be assured, that the well-known industry and professional enthusiasm of Dr. Webster will render each succeeding edition of his work more and more useful and interesting.

Prize for Filling Teeth.—A gentleman in Hartford, Conn., has deposited \$100 in the hands of the editor of the *Courant*, to be paid to the dentist who can fill teeth the best. But the proposition is hampered with, to us, such unintelligible provisos, that very few dentists, we apprehend, will trouble themselves about it.

Medical Convention of Ohio.—The Ohio Medical Convention will hold its next regular meeting in the city of Cleveland, on the second Thursday of May, 1839.

Amongst other matters of importance, committees are expected to report on the medical topography, climate and diseases of the Valleys of the Cuyahoga, Muskingum, Scioto and Miami, and the adjoining region of each respectively.

An important report is expected from Dr. Peixotto, upon the subject of vaccination. Also, one from Dr. Drake, on the *Flora Medica* of the State of Ohio.

By authority, the Secretaries respectfully invite the *regular* physicians of Ohio, to bring forward and exhibit at the successive meetings of the Convention, whatever improvements or new inventions they may have made in the various instruments and apparatus used in practical medicines, surgery, obstetrics, and pharmacy.

TO CORRESPONDENTS.—Several communications have been received and will be inserted in due time.

DIED.—In Minot, Me., suddenly, Dr. Seth Chandler, aged 72, formerly of Duxbury, in this State. He was a physician of the old school, and of much business till within a few years of his death. He has gone down to his grave honored and lamented.—At Baltimore, Dr. Joseph Brevett, 70.—At New York, Dr. Tucker, of Washington.—At Pensacola, Dr. William Plumstead, of the U. S. Navy, a native of Pennsylvania.

Whole number of deaths in Boston for the week ending May 4, 18. Males, 9—females, 9.

Of consumption, 3—scarlet fever, 6—old age, 1—disease of the heart, 1—measles, 1—diphtheria, 1—epilepsy, 1—stia, 1—infantile, 2—lung fever, 1—stillborn, 5.

MEDICAL STAND IN NEW YORK STATE.

A good location for a physician in a pleasant little village on the Erie Canal, a few miles from the city of Rochester, may be obtained by the purchase of buildings and lot, worth about \$1200. Name of the physician wishing to sell, and of the town, may be learned by application at this office—if by mail, post paid.

M 3—

PRIVATE MEDICAL INSTRUCTION.

Two subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct 31—epif

TO PHYSICIANS.

A PHYSICIAN, residing a short distance from Boston, wishing to retire from professional business, offers his estate for sale, which consists of good buildings and a small farm. The situation is eligible for a physician as can be found in the State. For particulars, inquire at this office.

A. 10—St*

NOTICE.

A PHYSICIAN in Grafton Co., N. H., of fifteen years' experience, wishes to exchange residence, to make collections and better his family. Undoubted reference as to character and professional merit can be had at this office. Partnership with a person wishing to retire from the laborious duties of the profession would be acceptable.

A 24.—cop5w

DR. HULL'S UTERO-ABDOMINAL SUPPORTER.

This new instrument for the radical cure of Prolapsus Uteri, or Falling of the Womb, by external application, superseding the use of the objectionable pessary, is confidently recommended to the afflicted as the means of a perfect restoration to health, it never having failed of performing a cure, even under the most aggravated circumstances. It has received the decided approbation of Sir Astley Cooper, of London; Sir Benjamin C. Brodie; Sir James Clark, Physician to the Queen; Dr. Ashwell, Lecturer on Midwifery to Guy's Hospital; Dr. Rigby, Lecturer to St. Bartholomew's; Dr. Griffith, Lecturer to Westminster Hospital; Dr. Ramsbotham, Lecturer to London Hospital; Robert Ferguson, Lecturer to Westminster Lying-in Hospital; Dr. Swentman, Lecturer to Midwifery Hospital, and Senior Accoucheur to Queen Charlotte's Lying-in Hospital; also by Henry Davy, Conquest; Blandell, Lee, Merriman, Surgeon Knates, &c.; by Dr. Moran, President of the Académie Royale de Médecine, Paris, and Accoucheur to the Duchesse D'Orléans; Professors Velpeau, Marjolin, Paul Dubois, Sanson, and others—and in New York by Professor J. W. Francis; G. S. Bedford, M.D., Professor of Midwifery in University of the city of New York; Professor Denfeld, Professor Francis U. Johnston, President County Medical Society; Laureus Hull, President Medical Society, State of New York; Professor James McNaughton, Albany; Professor March, Professor Cyrus Perkins, Professor Doane; James Webster, M.D., Professor of Anatomy and Surgery, Geneva; David L. Rodgers, Professor Surgery, Geneva College; Drs. Thomas Boyd, Gilbert Smith, Hensch, Stearns, Ludlow, Kinsam, Vachs, Fowler, Grayson, Van Kesselaeler, and many other distinguished physicians of the United States.

AMOS G. HULL,

Office 4 Vesey Street, Astor House, New York.

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